



United States Environmental Protection Agency
National Clean Diesel Rebate Program
Rebate Application

OMB Number: 2060-0686
Expiration Date: 10/31/2015

Funding Year **2015**

Target Fleet **School Bus**

Rebate Type **Replacement/Retrofit**

Applicant Information

Organization Name **Minnesota Motor Bus Inc**

Address **1115 East 1st Street**

City **Fairmont**

County/Parish **Martin**

State **MN**

ZIP **56031**

Eligible Entity Information (Private Fleet Owner Applicants Only)

Private fleet owners are able to apply for funding from the National Clean Diesel Rebate Program if the vehicle(s) or equipment, for which funding is being requested, are currently contracted or leased to an eligible entity. An eligible entity is a federal, regional, state, local, or tribal agency or port authority with jurisdiction over transportation or air quality. For additional information regarding private fleet applicants and eligible entities, please refer to the Program Guide.

Eligible Entity Type

Local Govt/Agency

Eligible Entity Name

Fairmont Area Schools

Eligible Entity Location (County, State)

Fairmont MN

☐ I certify the fleet of vehicle(s) or equipment, for which rebate funds are being requested, meet the requirements for private fleets as described above and in the terms and conditions within the Program Guide.

Original Vehicle

	Vehicle Identification Number	Engine Model Year	Gross Vehicle Weight	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Use	Annual Idling Hours	Replacement or Retrofit	Rebate Amount*
1	4UZ6CFAAOXCA73792	1998	30,000	Cummins	WCEXH0359BAE	14,000	1,875	230	Replacement	\$20,000
2	4UZ6CFAAOXCB50984	1999	30,000	Cummins	XCEXH0359BAK	15,000	2,025	178	Replacement	\$20,000
3	4UZ6CFAA41CG75733	2000	30,000	Cummins	XCEXH0359BAP	13,000	1,658	192	Replacement	\$20,000
4										
5										

*To list additional vehicles for retrofit or replacement, please use table below

☐ Yes Does your school transportation provider have an idle reduction policy?

☒ I certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.

☒ I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.

Total Funds Requested **\$60,000**

*Please see the Program Guide for eligible rebate amounts

Applicant Signature

☒ By signing, I certify the statements and information provided in this application are true and accurate to the best of my knowledge. If selected for funding, I agree to provide the required documentation and assurances necessary for funding.

Funding for the National Clean Diesel Rebate Program is subject to continuing federal appropriations. Please see the [Program Guide](#) for additional funding information.

Additional Vehicles for Retrofit/Replacement

	Vehicle Identification Number	Engine Model Year	Gross Vehicle Weight	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Use	Annual Idling Hours	Replacement or Retrofit	Rebate Amount
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Rebate Application Instructions EPA Form 5600-260

Applicant Information	
Item:	Entry:
Organization Name	Enter the legal name of Applicant applying for the rebate.
Address	Enter the Street Address where the Applicant is located.
City	Enter the City where the Applicant is located.
County / Parish	Enter the County / Parish where the Applicant is located.
State	Enter the State where the Applicant is located.
Zip	Enter the Zip where the Applicant is located.
Employer / Taxpayer Number (EIN/TIN)	Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.
Organizational DUNS Code	Enter the Applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. To obtain a DUNS number, please visit www.dnb.com .
Tribal Government	For Federally recognized Indian tribal governments only, certify this designation applies.
Eligible Entity Type	<p>For Private Fleet Owner Applicants Only - In order to be eligible to apply for rebate funding, the Applicant must be the owner of record of the vehicle, and that vehicle must be operated pursuant to a contract, license, or lease with one of the following entities with jurisdiction over transportation or air quality:</p> <ul style="list-style-type: none"> a. federal department or agency b. regional, state, local, or tribal government or agency <p>List the type of the entity with which the Applicant has a current contract, license or lease for operation of the vehicle or fleet (e.g., "state agency").</p>
Eligible Entity Name	For Private Fleet Owner Applicants Only - Enter the name of the entity with which the Applicant has a current contract, license, or lease for operation of the vehicle or fleet (e.g., "Tennessee Department of Environment").
Eligible Entity Location (City, State)	For Private Fleet Owner Applicants Only - Enter the location (city and state) where the Eligible Entity with which the Applicant has a current contract, license, or lease is located.
Eligible Entity Certification	For Private Fleet Owner Applicants Only - Check the box to certify that the Applicant's fleet of vehicle(s), for which rebate funds for replacement are being requested, meet the requirements for private fleets as described above and in the Program Guide.

Original Vehicle	
Item:	Entry:
Vehicle Identification Number	Enter the Vehicle Identification Number of the original vehicle.
Engine Model Year	Enter the model year of the engine in the original vehicle.
Gross Vehicle Weight Rating	Enter the vehicle's maximum operating weight.
Engine Manufacturer	Enter the manufacturer of the original engine.
Engine Family Name	Enter the family name of the original engine.
Annual Miles	Enter the vehicle miles traveled per year.
Annual Fuel Consumption	Enter the amount of fuel used in gallons/year.
Annual Idling Hours	Enter the average number of hours the vehicle idles per year.
Replacement or Retrofit	Select the emissions control strategy to be used.
Rebate Amount	Field is automatically populated based on vehicle weight and emissions reduction strategy selected.
Idle Reduction Policy	Indicate if the Applicant's transportation provider has an idle reduction policy for the vehicle(s) listed for replacement.

Certification	
Eligibility Certification	Check the box to certify that the vehicle(s) listed for replacement are operational and meet the eligibility requirements defined in the Program Guide.
Scrappage Certification	Check the box to certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.
Statement Certification	Check to the box to certify that the statements and information provided in this application are true and accurate to the best of the Applicant's knowledge. By checking the box, Applicant agrees to provide the required documentation and assurances necessary for funding.

Authorized Representative	
Name, Title, Email, Phone, Signature, Date	To be signed and dated by the authorized representative of the Applicant organization. Enter the name (first and last name required), title (required), email address (required), telephone number (required), and of the person authorized to sign for the Applicant.
Application packages must include copies of the title and registration for each bus to be replaced. Please review the Program Guide (see Appendix D - Rebate Application Checklist) to ensure all program requirements have been met before submitting application packages to CleanDieselRebate@epa.gov .	

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. **Do not** send the completed form to this address.